



**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2020 - JUNE 30, 2021  
Deadline: July 16, 2021**

**1. DEPARTMENT INFORMATION:**

Department: HHSA

Division/Unit: Child Welfare Services

**2. VOLUNTEER PROGRAM BENEFITS:**

a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc).

No. of Vol.	5 Hours	12	X	\$33.61	=	\$403.32
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Types of work performed by GENERAL VOLUNTEERS in this category:

Camp Connect is designed to reunite siblings who are currently separated in foster care with events like the four-day summer camp, as well as several one-day outings that occur each year. Camp Connect volunteers provide supervision and act as a positive role model to youth.

b. INSTITUTIONAL VOLUNTEERS (this section should include honor camp inmates, PIC/RETC, GAIN, etc.)

No. of Vol.	Hours		X	\$33.61	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level

<u>Position</u>	<u>Hours</u>	X	<u>VCL</u>	=	<u>Dollar Benefit</u>
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
No. of Vol.      Total Hours      0      Total Value =					\$0.00

Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

	<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
2a.	5	12	\$403.32
2b.	0	0	\$0.00
2c.	0	0	\$0.00
<b>Total Vol.      5 Hours      12 Total Value =      \$403.32</b>			

### 3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____
Item Donated:	_____	Value:	_____

TOTAL VALUE = \$0.00

### 4. VOLUNTEER PROGRAM COSTS:

a. Cost of supervision of volunteers (total hours of direct supervision multiplied by the hourly rate of staff person (s) directly supervising program volunteers.)

Hours  X Rate  =  \$0.00

b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours  X Rate  =  \$600.00

c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

<u>Item</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL OF OTHER PROGRAM COSTS

=

\$0.00

d. TOTAL OF VOLUNTEER PROGRAM COST  
(add 4a, 4b, and 4c)

=

\$600.00

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2)	\$403.32
b. Total of Donations to Volunteer Program, Item 3 (Page 2)	\$0.00
c. Subtract Total of Program Costs, Item 4d (Page 3)	\$600.00

**TOTAL PROGRAM BENEFIT**

**-\$196.68**

**6. RECRUITING:**

Please describe your recruiting programs:

Volunteers are recruited by Promises2Kids, a local non profit who serves as the fiscal agent and volunteer recruiter for the program. They recruit via social media, as well as through County Social Workers who have previously volunteered.

**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

We had fewer events and volunteers as a result of the COVID-19 pandemic; however, we continued to connect siblings virtually.

**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2020-21:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

We had fewer events and volunteers as a result of the COVID-19 pandemic; however, we continued to connect siblings virtually. We were only able to have 1 event for a handful of children.

**9. GENERAL INFORMATION:**

Name of person completing report: Margo Fudge  
Phone: 858-616-5989 Mail Stop: W473 E-Mail: [Margo.Fudge@sdcounty](mailto:Margo.Fudge@sdcounty)  
Volunteer Coordinator: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mail Stop: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**10. DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

06/03/21  
DATE

